

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Adrian James Cable and Edward Buckley
Application No.: 10/582,678 Group: 2482
371(c) Date: January 25, 2007 Examiner: Anyikire, Chikaodili E.
Confirmation No: 4994
For: Holographic Apparatus And Method

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
_____ Date _____	_____ Signature _____
_____ Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	10	MINUS	* 42	0
INDEP	2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
X \$ 26	\$		X \$52	\$
X \$110	\$		X \$220	\$
+ \$195	\$		+ \$390	\$

* not fewer than 20
 ** not fewer than 3

TOTAL = \$ _____ TOTAL = \$ _____

The Application Size Fee has been calculated as shown below:*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
30	100	0

SMALL ENTITY		OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed	Rate	Total Amount Owed
X \$135	\$	X \$270	\$

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

☐ Applicant hereby petitions to extend the time to respond to the _____ dated _____ for _____ month(s) from _____ to _____. The appropriate fee is set forth below.

☐

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for	month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee		\$	_____
<input type="checkbox"/>	Application Size Fee		\$	_____
<input type="checkbox"/>	Other Fees:		\$	_____
			\$	_____
			\$	_____
TOTAL:			\$	=====


A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for	month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee		\$	_____
<input type="checkbox"/>	Application Size Fee		\$	_____
<input type="checkbox"/>	Other Fees:		\$	_____
			\$	_____
			\$	_____
TOTAL:			\$	=====

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
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Dated: 7/7/11